

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

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INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Introduction

The Individual Community Living Budget (ICLB) is completed when State residential service dollars are required to support an eligible individual in his or her own residence in the community. An ICLB authorizes the allocation of State dollars as needed to assist in the implementation of services and supports as identified in the Individualized Support Plan (ISP); the ICLB reflects the services and supports required to meet the **basic needs** of the individual in the community. An ICLB is not used to support an individual in his or her family home.

The ICLB is a financial agreement between the individual and/or legal representative, the provider agency, and the Bureau of Developmental Disabilities Services (BDDS), and must be approved by BDDS and verified by the Bureau of Fiscal Services **prior to the initiation of services**. The ICLB signifies the financial responsibilities of the individual and/or legal representative toward the individual's own living expenses as well as the amount of State dollars to be allocated on behalf of the individual. ICLBs are developed and submitted by provider agencies that have established contracts with DDARS/BDDS, approved Case Managers or BDDS Service Coordinators; however, since it is ultimately an agreement with the provider, it is the responsibility of the provider agency to ensure completion and submission of the ICLB. A provider will not be reimbursed for services provided without an ICLB that has been approved by the Bureau of Developmental Disabilities Services and verified by the Bureau of Fiscal Services.

Temporary modifications to the services listed on the ICLB can be made using a Budget Modification Request (BMR), and a one-time increase to the Residential Living Allowance of an ICLB is allowed via the Residential Living Allowance Supplement (RLAS).

General Guidelines

- An ICLB can only be approved for individuals who reside in Indiana and who have been determined eligible for developmental disabilities services by the Bureau of Developmental Disabilities.
- The ICLB cannot be used to augment or add units to services authorized on a Medicaid waiver cost comparison budget (CCB). Waiver and Medicaid services should be utilized to their maximum before State dollars are requested. Only individuals on the DD or Autism Waivers may receive an RLA or RLA Supplement.
- Individuals on the Support Services Waiver are not eligible for the Non-Emergency Supports ICLB.
- An ICLB should be submitted prior to beginning any services and at least 6 weeks prior to the expiration date of a previous ICLB. No services will be reimbursed without an approved and verified ICLB in place for those services and service months.
- Any ICLB submitted after the expiration date of the previous ICLB or after the requested services have begun is "late" and cannot be approved if the start date is earlier than the first day of the month in which the ICLB was received by BDDS.
- If any ICLB is denied, the start date of the resubmitted ICLB will only go back to the first of the month it is resubmitted – not the submission date of the denied ICLB. .
- Approval of an ICLB by BDDS **does not guarantee payment** if BDDS billing, audit, and claim procedures are not met.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

General Guidelines *(continued)*

- At the request of the Service Coordinator, District Manager, or of BDDS Central Office, the Exception Review Team may review any ICLB.
- The provider is responsible for assisting the individual in applying for all benefits for which the individual may be eligible as soon as possible.
- The provider is responsible for assisting the individual in the management of his/her resources. If an error in the management of those resources results in loss of Medicaid, or Social Security benefits, etc., the provider is responsible for replacement of those funds. The State of Indiana will not augment the lost benefits.
If an individual has incurred debt, without personal income incentive, the provider is responsible for debt repayment. The State of Indiana will not reimburse for incurred debt.
- The ICLB is a budget. Funds received through the ICLB process are reimbursed to the provider based on actual expenses as documented by receipts.
- Reimbursement cannot exceed the amounts budgeted on the ICLB without an approved and verified BMR or RLAS in place.
- Only funds agreed upon through the ICLB, BMR, or RLAS will be reimbursed to the documented provider, and only the provider documented on the ICLB, BMR, or RLAS can claim said funds.
- When the individual's income or benefits increase or decrease for a period lasting more than two (2) months, the **provider** responsible for managing the individual's resources is expected to submit a new ICLB to reflect the situation. Fluctuations that last less than 2 months or are anticipated and budgeted for in the ICLB (i.e. seasonal employment) do not require the submission of a new ICLB.
- The ICLB now doubles as a request for Emergency Support Services. An ESS ICLB will only have a specific set of services available for selection. Please see page 4 of this document for a list of those services.

Electronic ICLB tips

- Since some ICLB fields automatically complete themselves, they cannot be filled in. This data is gathered from other fields, computed, and automatically placed in these fields. This saves time and increases the mathematical accuracy of each ICLB.
- The ICLB has an introductory page that displays important notes that are relevant for that section (ICLB, BMR, RLAS). Each sectional instructions page also displays the following buttons:

Clear Form: This button will clear all of the data fields in the section

Save ICLB to Disk: If you are using Adobe Reader, this button will only save a copy of the blank ICLB form. If you are using Adobe Approval or the full Adobe Acrobat, this button will allow you to save the data from the ICLB as well.

Import ICLB: This button allows you to use the ICLB form as a browser to ICLBs saved in the compressed FDF format (preferred by BDDS).

Check ICLB Errors: This button will allow you to check for missing or invalid data in the section. The form will first check for any missing mandatory data. After all of the mandatory data has been entered, the form will next check for any data that does not follow certain ICLB guidelines. Not all of the rules of the ICLB guidelines can be monitored on the form - BDDS and BFS staff will still manually review each ICLB, BMR, and RLAS.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Electronic ICLB tips (continued)

E-mail ICLB: If you are using Adobe Reader, this button will only check for missing or invalid data in the section. If you are using Adobe Approval or the full Adobe Acrobat, this button will also attempt to email the section to BDDS using your computer's default email program. If you have no default email program set on your computer, this will result in an error message. You must then save the ICLB and attach it manually to an email. All ICLBs, BMRs, and RLAS' must be emailed to BDDSiCLB@FSSA.STATE.IN.US or the budget will not be imported into the BDDS system and reviewed for approval.

Instructions for Worksheet Page 1

- Enter the *last, first, and middle name of the individual* for whom the ICLB is being completed. Use the individual's **legal name**.
- Enter the appropriate *ICLB Type*:
 - ✓ Crisis Assistance: Requiring pre-approval from BDDS, Crisis Assistance provides immediate access to short-term, intensive services required due to a behavior or psychiatric emergency. When placement outside the individual's current environment is necessary services will be delivered in an out-of-home setting approved by BDDS..

Only the following services are available on a Crisis Assistance ICLB:
Crisis Assistance Services (rate set by DDARs)
 - ✓ Emergency Supports Budget: Available only when an individual's health and or safety is in serious jeopardy, requiring immediate intervention while traditional remediation resources are not available. The Emergency Supports Budget provides RLA funds and specific limited services for an individual or the family of the individual. This budget type is a temporary short-term intervention providing supports needed because the individual's current residential setting jeopardizes the individual's health and safety as determined by Adult Protective Services and/or BDDS.

Only the following services are available on an ESS ICLB:
Behavioral Support Services
Health Care Coordination
Residential Habilitation and Support, if fewer than 35 hours/week
Residential Habilitation and Support, if more than 35 hours/week
Residential Habilitation and Support, QMRP
Respite Care, Group Setting
Respite Care, Personal Assistance
Respite Care, LPN
Respite Care, RN
 - ✓ Non-Emergency Supports: Non-Emergency Supports budgets are any Initial, annual or updated ICLB that is not requesting Treatment Placement, Crisis Assistance, and is not an Emergency Supports Budget. Included in this type are ICLBs for individuals who are transitioning from facility-based services but are not eligible for Medicaid services, those individuals who are targeted for DD or Autism Medicaid waivers but also need a Residential Living Allowance, and individuals who have been identified as losing their level of care and require continuation of BDDS services.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

- ✓ **Treatment Placement (LT/ST):** Requiring pre-approval from BDDS, Treatment Placement services are intensive services required due to an individual's behavioral or psychiatric problems. Treatment placement services are provided in a safe, therapeutic environment. When placement outside the individual's current environment is necessary services will be delivered in an out-of-home setting approved by BDDS. Only individuals who have not reached their 21st birthday may receive Treatment Placement Services.

Only the following services are available on a Treatment Placement ICLB:
Treatment, Long Term/Short term Residential (rate set by DDARs)

- Enter the *date the ICLB starts*
- Enter the duration or *length of the ICLB* by indicating the number of months that it will be in effect (from 2-12 months). If information is limited and/or unavailable, a short-term ICLB is recommended, especially in the case of initial budgets or when awaiting approval of a waiver budget.

Note: The approval of an ICLB will automatically cancel out any ICLB that is in effect for the same time. For example:

Jane Doe

ICLB #22 is approved to start January 1, 2033 and to end December 31, 2033

ICLB #23 is approved to start March 1, 2033 and to end May 31, 2033.

- Jane's ICLB # 22 is canceled by the approval of her ICLB # 23, and unless another ICLB is submitted, approved, and verified, she will not have an approved ICLB after May 31, 2033.
- Jane's provider cannot be paid for service months after May 31, 2033 unless another ICLB is submitted, approved and verified.

Note: If an ICLB contains services that exceed guidelines, the recommended ICLB length is 3 months.

- Enter the *current 317-Code*. This code can be obtained from either previous ICLBs or from the local District Office.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

I. INDIVIDUAL'S ASSETS

This section does not need to be completed if no RLA is requested. However, this information may be requested as Additional Information by the Service Coordinator.

It is required that the individual and/or legal representative report all of the individual's bank accounts balance(s) and other assets to the provider in order to be placed on the ICLB. The provider responsible for managing the individual's resources shall determine the proportionate share of jointly owned assets and enter that amount in the appropriate column.

Bank Accounts:

1. **Checking:** Enter the total current balance of all checking accounts.
2. **Savings:** Enter the total current balance of all savings accounts.
3. **Other:** Enter the total current balance of all other bank accounts, certificates of deposit, etc.
4. **Subtotal:** The sum of Lines 1, 2, and 3 of Account Balances.

Other Assets:

5. **Real Property:** Enter the total cash value of any secondary personal vehicles and any non-primary real estate and furnishings.
6. **Securities:** Enter the total surrender value (less fees) in the Cash Value column of all stocks, bonds, and notes
7. **Trust Fund/Annuity/Burial Trust:** Enter total amount of all legally constructed funds designated for use by or on behalf of the individual. Upon request, the terms of all trusts shall be disclosed to BDDS in full by providing a copy of the instrument and an inventory of the trust. Include the cash surrender value of life insurance policies for the individual, disregarding any cash surrender value designated to a payee other than the individual (e.g., legal representative, trustee, funeral home director).

Note: BDDS will not pay for the premiums of life insurance policies or burial trusts.

8. **Personal Property:** Include the contents of safety deposit boxes, any jewelry or other valuables having a value of more than \$100. Items are to be appraised at current market value and the total entered in the Cash Value column.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

9. **Other:** Specify any other assets having a value of more than \$100 and not listed previously.
10. **Subtotal:** The sum of lines 5 through 9.
11. **Total Assets:** The sum of lines 4 and 10.

Justifications

If justification is required but not included, the ICLB form will indicate an error when submitted for approval.

If this is an Emergency Supports, Crisis Assistance, or Treatment Placement ICLB, describe why those supports are required.

Provide a brief description of the circumstances requiring services for this type of ICLB. Include any loss of caregiver or similar information. Clearly indicate the crisis or emergency and justify the need for the requested supports rather than non-emergency supports.

If total assets are above \$1500, explain why. Be specific.

Provide an explanation for why there is an accumulation of assets and why an RLA is still being requested.

Describe and explain any other accounts or assets described in Section 1.

Provide an explanation and description for any miscellaneous assets described in section (I.3) or in section (I.9).

II. INDIVIDUAL'S MONTHLY INCOME AND BENEFITS:

1. **Net Earned Income:** Enter the total current net earned income of the individual. Net earned income is based upon monthly payroll records and may be averaged, using the previous three months of payroll records as the basis.
2. **Earned Income Incentive:** Earned Income Incentive (EII) allows the individual to increase the amount of discretionary income for personal use to purchase items not included under monthly living expenses. The use of EII should be based upon the Person Centered Planning process and reflected in the ISP. Considerations should be made to purchase items not included in the monthly living expenses. If the individual receives an RLA, the EII expenditures must be documented on the *ADDENDUM: Discretionary Funds* page of the ICLB.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

The individual may choose to use EII dollars to increase independence by applying the EII to monthly living expenses, thus reducing or eliminating an RLA. This is not required of an individual receiving an EII. BDDS will not fund items that are not covered in the ICLB guidelines (car payments, fuel, car insurance, loans, additional cable premiums, etc.) due to a loss of wages. The job security of the individual must be taken into account when making these decisions.

EII is calculated automatically on the form. EII is defined as the first \$16 of net earned income plus 50% of any net earned income over \$16. For example:

John Doe earns \$125.00 per month as his net earned income.

Step one: subtract \$16, **leaving \$109.00.**

Step two: multiply \$109.00 by $\frac{1}{2}$ to determine 50% of John's net earned income over \$16, or **\$54.50**

Step three: Add \$16.00 to \$54.50, and you have
John's Earned Income Incentive amount: \$70.50

	125.00
Step one	<u>-16.00</u>
	109.00
Step two	<u>x 0.5</u>
	54.50
Step three	<u>+16.00</u>
	70.50

3. **Income Balance:** The difference between Line 1 and Line 2. This amount will be used to support the Monthly Living Expenses, in addition to any other benefit described in lines 4 through 9.

The individual and/or legal representative is expected to apply for all entitlements and benefits for which the individual may be eligible. The provider responsible for assisting the individual in managing his/her resources and/or the case manager are expected to assist the individual in applying for these benefits within 30 days of beginning to receive an RLA.

4. **Supplemental Security Income (SSI):** Enter the monthly amount of SSI currently received.
5. **Social Security Disability Income (SSDI):** Enter the monthly amount of SSDI currently received.
6. **Pension/Annuity Income:** Enter the monthly amount of income from pensions or annuities (e.g., V. A. pensions, retirement plans, trust funds).
7. **Food Stamps/EBT:** Enter the monthly amount of Food Stamps/ Electronic Benefit Transfer Card benefits currently received.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

8. **HUD / Section 8 Supplement:** Enter the monthly amount of housing voucher benefit currently received.
9. **Other:** Itemize other sources of income (e.g., the interest on checking, savings and certificate of deposit accounts, payments from a contract sale, income from a rental property, and support payments), and enter the total monthly amount currently received.
10. **Total Monthly Income and Benefits:** Sum of lines 1 through 9.

JUSTIFICATIONS:

If justification is required but not included, the ICLB form will indicate an error when submitted for approval.

Why does this individual have a zero amount listed as income and/or why does the individual have an amount lower than the allowable benefits.

Explain why there are no benefits, such as SS or food stamps. If SSI amount is less than the annual amount allowed, explain why.

Explain any required adjustments in benefits.

If benefits have been reduced or increased from the previous ICLB, please explain why this has occurred.

Describe and explain any other income or benefits described in Section II.

Provide an explanation and description for any miscellaneous income or benefits described in section (II.9).

Any lump sum increase in resources (i.e. inheritance, social security back pay, etc) must immediately be reported to the provider responsible for assisting the individual in managing his or her resources. The provider must confirm the legitimacy of the lump sum.

If failure to account for an increase in resources results in the individual being required to "pay back" SSI or SSDI, the provider shall be responsible for those costs, not the State of Indiana.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

Once the resources have been confirmed, the Individualized Support Team shall assist the individual and/or legal representative to develop a plan for using these funds. If the individual receives a Residential Living Allowance (RLA) and has an EII or receives a lump sum payment, the Addendum page of the ICLB must be completed to document the purchase decisions.

III. MONTHLY LIVING EXPENSES

The Total Monthly Living Expenses should not exceed 150% of the federal poverty level for a single individual without written justification.

The *Total Monthly Living Expenses* agreed upon in the ICLB is an estimate of costs. Actual receipts of expenditures must support the monthly claim presented to DDARS/BDDS and FSSA Financial Management by the provider. The provider may bill for an amount over the monthly RLA noted on the ICLB in any month as long as the total amount of the RLA authorized for the length of the ICLB is not exceeded. Actual expenses may fluctuate from month to month from what is budgeted in the individual categories as long as the total amount of the RLA authorized for the length of the ICLB is not exceeded. See *Guidelines for Expenses and Costs* for additional information.

The following explanations are offered to assist in determining the amounts for monthly living expenses.

- Monthly Living Expenses are for the sole purpose of the individual and must not be used to support the needs of support staff, family or friends.
- Expenses that are not paid on a monthly basis (e.g., non-insured medical expenses or quarterly insurance premiums) are to be equally divided across the length of the ICLB. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred.
- Fluctuations in monthly utility costs are to be totaled and averaged for the monthly amount. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred. Individuals are encouraged to participate in utility company budget plans.
- All persons residing within the home, whether receiving BDDS services or not, must equitably share in the monthly living expenses, which includes rent, groceries, utilities, phone and other shared residential living costs. A person is considered to be residing in the home if the continued presence in the home exceeds 7 (seven) consecutive days.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

1. **Housing (Actual Costs):** Enter the total monthly rent currently paid by the individual. If a monthly HUD voucher applied to the monthly rent, record the amount in the HUD line of the Income section, but do not remove it from the individual's share of the actual rent. The two figures will be reconciled in the final RLA equation.

For example:

Sam Doe shares an apartment with one housemate. The total rent for the apartment is \$450.00 a month. Sam's share is computed to be \$225.00 a month and is recorded in this field (III.1).

The landlord receives a monthly HUD voucher on Sam's behalf for \$125.00. This amount is recorded in the Income and Benefits section, in field (II.8).

5. SSDI	
6. Pension/Annuity	
7. Food Stamps / EBT	
8. Hud / Section 8 Supplement	\$125.00
9. Other(Explain)	
10. TOTAL MONTHLY INCOME/BENEFITS	\$179.50
III. MONTHLY LIVING EXPENSES	
1. Housing (Actual Cost)	\$225.00
2. Utilities	\$100.00
3. Telephone	\$25.00

Monthly Living Expense and participate in the all persons living v amount of the total

Note: DDARS/BDDS will recommend guidelines for cost based on the Fair Housing assessment provided by the Housing Authority

Note: Housing costs must include the provision of the refrigerator, stove, furnace/heating units and other appliances. Costs may include air conditioner and/or washer/dryer, if they are included in the total rent. The purchase of major appliances with RLA or RLAs is not permitted.

2. **Utilities:** Enter the monthly cost of utilities (gas, electric, water, sewer and trash service) to be paid by the individual. Annual costs for utilities need to be added and averaged for the monthly amount to cover the length of the ICLB.
3. **Telephone:** Enter the monthly cost of the basic local telephone service to be paid by the individual, with a reasonable amount of long distance telephone service, as outlined by the IST. The telephone service costs are for the sole use of the individual and must not be used for the purpose of the provider or support staff.
4. **Groceries:** Enter the total monthly cost of food required for the basic nutritional needs of the individual. The groceries that are supported by this expense are groceries solely for the individual. Purchase of food for use by support staff is not permitted.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

5. **Personal Necessities:** Enter the total monthly amount needed to cover personal necessities for the individual. Examples of Personal Necessity items include clothing (underwear, socks, etc), haircuts, personal hygiene items (shampoo, soap, toothpaste, deodorant, nail clippers, toilet paper, etc.), cleaning supplies (dish detergent, paper towels, glass cleaner, toilet bowl cleaner, etc.), and laundry expenses (laundry soap, fabric softener, Laundromat costs, etc.).
6. **Property Insurance:** Enter the total monthly cost of the premium for renter's or homeowner's (if the individual owns the home) insurance to be paid. If the individual is paying a mortgage and insurance is part of the mortgage payment, that amount should be included in the amount for Housing.
7. **Medical-Not Insured:** Enter the total monthly amount needed to cover medical supplies, medications, or medical treatments necessary to meet the needs of the individual that are not covered by other sources (health insurance, Medicaid State Plan). This does not include the Medicaid spend down. **Any Medicaid spend-down must be entered in line 11 of this section.**
8. **Other:** Specify any additional expense categories not otherwise listed (i.e., basic cable, basic internet service).

Justification:

If justification is required, but not included, the ICLB form will indicate an error when submitted for approval.

Describe any uninsured medical expenses or other expenses:

If there is a dollar amount listed on line 7 and/or 8, an itemized description and detailed explanation must be entered in this field.

9. **Subtotal of Expenses:** Sum of lines 1-9.

Justification:

If justification is required, but not included, the ICLB form will indicate an error when submitted for approval.

Justify exceeding the recommended guideline expense amounts:

An explanation must be entered in this field if the monthly expenses exceed the recommended guidelines listed in the *Guidelines for Expenses and Costs*.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

10. **RLA administration**: Applicable when a provider contracted through BDDS is handling the RLA only and services are provided by an agency that does not have a contract with BDDS. The RLA administration amount is 5% of the total residential living expenses.
11. **Medicaid Spend Down**: If the individual is not receiving services on the DD waiver, this field should show the amount of spend down for which the individual is responsible.
12. **Total Monthly Living Expenses**: Sum of lines 10 through 12.
13. **Total Monthly RLA Amount**: Line 13 minus line 9.
14. **Average Daily RLA Amount**: Line 14 times 12 divided by 365
15. **Total RLA for duration of the ICLB**: Line 14 multiplied by the number of months the ICLB is to be in effect.

The fields for numbers 14 – 16 should be zero if the individual's income exceeds his or her expenses.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

IV. BDDS Service Costs

This section should not be completed if services are supported via a medicaid waiver.

BDDS-funded services are to support the individual residing in his or her own home in order to be an active participant in his or her community and become as independent as possible.

Rates of reimbursement include administrative costs. Additional units of service for administration costs or indirect service charges are not allowed.

Reimbursed costs must be for actual services provided and documented, up to the amount of services described in the Service Planner and authorized through the ICLB.

The units of service entered must be a reflection of the services indicated on the Service Planner. The amount and combination of services should reflect the average services needed to support the individual during one month of 31 days.

Many BDDS services have limitations on use or cost, or require justification if requested. Below are some services of important note.

On Worksheet Page 2:

- **Behavioral Support Services** – The Medicaid services Behavioral Support Services Level 1 and Behavioral Support Services level 2 are combined into a single service on the ICLB. This service requires justification:

Explain how BSS will be utilized for this individual. Be specific:

All target behaviors listed in the support plan need to be listed in this field. If more than 6 hours (24 units) per month are requested for Behavioral Support Services, additional justification needs to be provided, including a list of the specific activities being provided by the behavioral support provider.

- **Community Habilitation and Participation: Community Based, Group** - This service requires justification:

Explain how CHP:G will be utilized for this individual. Be specific:

If CHP:G is being requested on the ICLB, list the specific activities being provided with this service.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

IV. BDDS Service Costs *(continued...)*

- **Community Habilitation and Participation: Community Based, Individual** – This service requires justification:

Max of 25 hours or 100 units or \$690.00 per month. Explain how CHP:I will be utilized for this individual. Be specific: If CHP:I is requested on the ICLB, a list of each specific activity needs to be listed. See the *BDDS Service Definitions* for more information on approvable uses of this service.

On Worksheet Page 3:

- **Residential Habitation and Support** – The Housemate information fields need to be completed if the individual requests RHS services and has housemates.
 - ✓ *Name of housemate* must be included
 - ✓ Housemate's *daily units* of RHS1, RHS3 and/or IAS services. If the housemate is receiving none of these services, enter a zero here and skip the next two columns.
 - ✓ Housemates *funding source*
 - ✓ Housemate's *Waiver slot #* or *Dart Customer ID Number*. These may be obtained from the Case Manager or BDDS Service Coordinator, respectively. The Dart Customer ID Number also appears on ICLB correspondence.

This service requires justification:

Explain how RHS will be utilized for this individual. Justify excessive RHS. Be specific. If RHS services are requested on the ICLB, include a listing of the goals being addressed with this service. If RHS hours exceed the guidelines as indicated in the *Guidelines for Expenses and Costs*, provide a detailed explanation in this field.

Note: Any ICLB that exceeds the BDDS guidelines should be a short-term budget. New Initial ICLBs are unlikely to be approved for individuals moving into supported living on state funds or a waiver without at least one housemate identified and in the transition process. The transition process must be completed within 90 days of the start of the Initial ICLB, at which time a new ICLB for all housemates will be required reflecting shared living expenses and shared staffing as appropriate.

- **Therapies** – If an individual is a Medicaid recipient, all therapies (except Music and Recreational) require a Medicaid Prior Authorization (PA) denial, prior to requesting the service through an ICLB. The provider is responsible to have the PA denial on file for the Medicaid recipient. A denial based upon incorrect codes or inaccuracy of submission is not acceptable.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

IV. BDDS Service Costs *(continued...)*

Worksheet Page 4:

These services are not monthly services. You must read the BDDS Service Definitions for each of these services carefully.

These services do not result in lump sum payments from BDDS. The total sum of this page of services is divided by the duration of the ICLB, resulting in a monthly amount that is added into the Monthly Service cost derived from the previous Services worksheets.

- **Environmental Modifications Supports: Initial** – This service requires justification:

Describe and justify the installation of Environmental Modifications for this individual. Include cost share information.

- **Environmental Modification Supports, Maintenance** – This service requires justification:

Describe the Environmental Medication being maintained for this individual. Include cost-share information.

- **Family and Caregiver Training** – This is not to be used for provider paid direct care staff. This service requires justification:

Describe and justify the training for this individual's family and/or caregiver(s). Please Specify.

- **Personal Emergency Response System** – This service requires justification:

Describe and justify the installation of the Personal Emergency Response System for this individual.

- **Specialized Medical Equipment and Supplies** – If an individual is a Medicaid recipient, Specialized Medical Equipment and Supplies require a Medicaid Prior Authorization (PA) denial prior to requesting the service through an ICLB. The provider is responsible to have the PA denial on file for the Medicaid recipient. A denial based upon incorrect codes or inaccuracy of submission is not acceptable. This service requires justification:

Describe and justify the installation of the Specialized Medical Equipment/Supplies for this individual. Be specific.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

The Service Planner

A Service Planner is not required if the services are being funded via a medicaid waiver.

In developing a Service Planner, there must be a clear connection between the basic needs of the individual, as identified in the Person Centered Planning Process and Individualized Support Plan, and the services to be delivered.

A Service Planner is required with every ICLB that includes service costs. The Service Planner is to describe the estimated number of all services and hours of services that the individual will receive in an average 7-day week. The Service Planner must indicate all services that the individual will receive and any work (sheltered work, supported employment, pre-vocational services, etc.) or schooling as well as the proposed ICLB services.

When housemates also receive services, all shared services must be indicated on the service planner. All services must be identified with the ratio of individuals to staff. One individual to one staff is 1:1 – Two individuals to one staff is 2:1.

For example:

- RHS 1:1 = Residential Habilitation and Support one-on-one
- Work 2:1 = Job in community, two individuals with one staff
- Work 1:0 = Job in community with no staff
- Ther-G 8:1 = Group Therapy with 8 individuals and one staff

Notes: For each shared service, add together the total number of hours required by all individuals for that service for a seven-day period. Divide that by the number of individuals sharing the service. Record the result as the number of hours/week that one individual receives that service.

The ICLB Worksheets pages 2, 3, and 4 must reflect the number of units indicated for each ICLB service listed on the Service Planner, multiplied into a monthly total (31 days). If these do not match, the ICLB will not be approved.

To calculate the number of units needed for a month, using the Service Planner:

- Take the number of units used in a 7-day week and divide by 7 to get a daily average.
- Multiply the daily average by 31 days and you have an average monthly total of units
- Always round up if the required number of units is a decimal

For example:

Rosa Doe has 140 units of RHS listed on her Service Planner.

140 units ÷ 7 days in the week gives Rosa a daily average of 20 units of RHS
20 units/day x 31 days in the month gives a monthly average of 640 units, which should be the figure listed on Worksheet page 1.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

The Service Planner *(continued)*

- **Housemate Information** – Complete information for all housemates. For housemates that are not BDDS service recipients, the SSN is not required.
- **If this individual does not have a housemate, please explain why** – If the individual does not have housemates, this field must be completed. Include all plans for locating a housemate if RHS hours exceed limits. If the IST believes a housemate is not appropriate, include that explanation.

The Comparison Service Planner

The Comparison Planner is used to demonstrate the cost effectiveness of Foster Care services. The Comparison Service Planner is completed only for individuals requesting Foster Care services on the ICLB and must be submitted in addition to the standard Service Planner. The Comparison Service Planner must document what services an individual would utilize if Foster Care services were not available.

The Summary Page

- Enter the *date the ICLB is prepared*
- Select the appropriate *BDDS District Office* from the drop-down menu
- Enter the name of the *person preparing the ICLB*
- Select the *relationship of the person preparing the ICLB* from the drop-down menu
- Enter the *e-mail address* for the provider contact person who will receive all correspondence regarding the ICLB
- Enter *Service Coordinator's Name*
- Enter the *Case Manager's Name*, if applicable
- Enter the *Case Manager's E-mail*, if applicable
- Enter the *Case Manager's Agency*, if applicable
- Indicate the *Vocational Habilitation Provider* (for sheltered work, supported employment follow-along, Community Habilitation and Participation, etc.), if applicable
- Select the *Vocational Habilitation funding source*, Title XX or Waiver, from the drop-down menu
- *Is this a change of address for the consumer?* This field must be answered with yes or no from the drop down menu.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

The Summary Page *(continued)*

Individual Covered by Community Living Budget

Note: The name of the individual is carried over from Worksheet page 1

- Enter *date of birth* for the Individual. The format is **mm/dd/yyyy** or 02/05/2002
- Enter the *Medicaid number* for the Individual, if applicable: Enter individual's current Medicaid number. Enter "Applied" if the individual has applied and a determination of eligibility is pending. Enter "Appealed" if the individual is in the process of appealing a denial and a determination has not been completed. Enter "Denied" if eligibility has been denied or the denial has been upheld on appeal.
- Enter the *Social Security number* (SSN) of the Individual.
- Enter the street *address* of the Individual
- Enter his or her *City and Zip code*
- Select the *number of persons residing in the home*. This number indicates the number of individuals in the home that receive state funds, including the person with the ICLB in question.

DDARS/BDDS Funding Requested for Individual

This section completes automatically using data from the Worksheets.

Other Funds Being Used for Individual's Supports

- **Medicaid Waiver Type:** Enter the appropriate Medicaid waiver funding that the individual is receiving. Individuals on the Support Services Waiver are not eligible for a Non-emergency Supports ICLB. If the individual is not receiving a waiver, leave this section blank.
- **Slot #:** Enter the individual's active Waiver Slot Number.
- **Monthly Waiver Amount:** Enter the total monthly amount the individual is currently receiving in services paid by Medicaid Waiver funding.
- **Other Monthly Funds:** Enter monthly amounts for other funding sources used to support the individual, such as C.H.O.I.C.E., Department of Education, or Vocational Rehabilitation Services. If the individual already receives services funded by these sources and funding is expected to continue at the same level, enter the current monthly amount.
- **Explain All Other Monthly Funds-** this field is required if a dollar amount is listed in the *Other Monthly Funds* field.
- **Total Other Funds:** Calculates automatically.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

The Summary Page (continued)

Comparison of Costs (Current versus Proposed ICLB):

1. **Current ICLB Expires:** Enter the date the most recently approved ICLB expires. If submitting the individual's first ICLB, leave this line blank. The format is **mm/dd/yyyy** or 02/05/2002

If applicable, explain why this ICLB is being submitted after services have begun or after the expiration of the previous ICLB. Be specific regarding the reason ICLB is being submitted late. ICLBs submitted late due to provider error are unlikely to be approved.

2. **Current Provider Agency:** Enter the full legal name of the current contracted provider responsible for assisting the individual in managing his/her resources and/or for supporting the individual with developmental disabilities services. If submitting the individual's first ICLB, leave this line blank.
3. **Current ICLB Total Daily Average:** Enter the daily average of the most recently approved ICLB. If submitting the individual's first ICLB, leave this line blank.
4. **Community Transition Services costs (formally Start-Up):** This amount is auto-filled from the Community Transition Services Worksheet and is available for an individual's initial Non-Emergency Supports ICLB only. For other information and restrictions, see Instructions for Community Transition Services on page 22 of these instructions.
5. **Proposed ICLB start date and duration:** This amount is auto-filled from the Worksheet Page one.
6. **Proposed Provider Agency:** Enter the full legal name of the contracted provider to become responsible for assisting the individual in managing his or her resources and/or for supporting the individual with developmental disabilities services when this budget is approved. Do not leave this field blank. Do not use "same" or "NA"- always list the name of the provider, even if it is the same as the current agency.
7. **Proposed ICLB Total Daily Average:** This amount is auto-filled from line 3 of the DDARS/BDDS funding section of this page.
8. **Proposed Earned Income Incentive:** This amount is auto-filled from the Worksheet Page one.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

The Summary Page *(continued)*

Acknowledgment and Signatures

The living expenses, services, and the individual's responsibilities based upon the individual's income and benefits under this Budget shall be explained to the individual and/or the legal representative. Upon review of the ICLB, the individual and/or legal representative is to sign and date the Budget Summary on the identified lines, which indicates his or her approval. The representative of the contracted provider responsible for assisting the individual is to sign and date the Budget Summary on the identified line, which indicates the provider's commitment to providing the services to the individual, as reflected on the service planner and/or in the residential living expenses.

Since the ICLB is submitted electronically, it is the responsibility of the provider to have on file the original signed copy of the ICLB with the individual and/or legal representative signature and the provider signature. For submission of the ICLB, the provider is to type in the names of the individuals who have signed the ICLB and the dates of their signatures and approvals of the budget. The format for all date fields is **mm/dd/yyyy** or 02/05/2222.

If these fields are incomplete or incorrect, the budget will not be accepted by the system.

ADDENDUM: Discretionary Funds

This page must be completed if individual receives an RLA and has an Earned Income Incentive (EII) or receives any lump sum benefits.

Personal Discretionary Funds must be discussed with the Individualized Support Team (IST) in order to maximize the funds utilization and to improve the individual's quality of life. The plans should reflect the individual's informed choices and increase his/her independence.

This page should document the activity or activities in which the individual will participate or the planned purchases that the individual will make as a result of his or her Earned Income Incentive (EII) or lump sum payment.

The individual may choose to use EII dollars to increase independence by applying the EII to monthly living expenses, thus reducing or eliminating an RLA. This is not required of an individual receiving an EII. If the individual chooses to do so, it must be documented accordingly. If these funds are used toward Monthly Living Expenses, then the amount being used needs to be included under "Individual's Monthly Income and Benefits -- Other" on WORKSHEET Page 1.

The job security of the individual must be taken into account when making these decisions; BDDS will not support items that are not covered in the ICLB guidelines (car payments, fuel, car insurance, loans, etc.) due to a loss of wages **or debt incurred by the individual**.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Community Transition Services Costs (formally Start-up)

Community Transition Services Costs are intended to assist an individual's initial transition into community based residential services when the lack of resources is a barrier to the individual's moving.

These funds are available for the initial move only and are not available for subsequent moves within the community. All moves must be approved by BDDS. Community Transition Services must be expended and billed for reimbursement within 90 days of the ICLB start-date

If an individual is moving from a facility, such as an ICF/MR, Supervised Group Living (SGL) or Nursing Facility, and will have services funded via the Autism or DD Waiver, Community Transition Services Costs must be included on the individual's waiver Cost Comparison Budget (CCB).

All costs claimed under this service shall be itemized and all receipts retained by the provider for BDDS and audit review.

The items purchased with these funds become the property of the individual. When individuals share items, a plan for the division of property must be developed and agreed upon by all parties and copies of the plan placed in each individual's file.

Community Transition Services do not include the first month's rent, but may include a housing deposit and Utility Deposits/Hook-ups. See *Guidelines for Expenses and Costs*.

1. **Housing Deposit:** Enter the amount required as a deposit for the individual's residence. Divide the amount in a fair and equitable manner, if more than one individual shares the residence. It is expected the deposits will be recovered or will transfer with the individual when he or she moves.
2. **Utility Deposits/Hook-Ups:** Enter the total amount necessary to begin utility services to the residence (e.g. phone, electricity, water). Divide the amount in a fair and equitable manner, if more than one individual shares the residence. It is expected the deposits will be recovered or will transfer with the individual when he or she moves.
3. **Furnishings:** Enter the total amount needed to provide basic furnishings (e.g., bed, table, chair, couch, dishes, utensils, towels, bedding). These items are the property of the individual. The responsible provider must retain an itemized list of purchases and receipts in the individual's financial records. If individuals are to share furnishings, an agreed upon "buy out" or division of property plan must be developed between the individuals in the event that housemate(s) move. Appliances are not to be purchased.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Community Transition Services Costs (continued)

4. **Clothing:** Enter the total cost of the basic clothing needed by the individual.
5. **Other:** Based upon the unique needs of the individual, other items may be purchased to assist in establishing a residence. Enter the cost of these items.
6. **Total Community Transition Services Costs:** The sum of lines 1 through 5.

Use the area titled “*Justification and Notes*” to provide a justification for the requested costs.

Note: The reimbursement for Community Transition Services Costs may not exceed the amount established by BDDS, no matter the cost of the separate sections listed. (See *Guidelines for Expenses and Costs*)

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Budget Modification Request For Adjustment Of Services

An existing ICLB may be modified if the individual requires an increase in Residential Habilitation and Support, Health Care Coordination, Behavioral Support Services and/or Independence Assistance Services only.

A Budget Modification Request (BMR) must be submitted, approved, and verified prior to the actual increase in services. The provider must immediately notify the Service Coordinator of the individual involved and submit the BMR form through the proper channels for review.

A BMR is a request for a short-term increase in a service that is already being provided through the individual's ICLB. A BMR may cover no more than a two (2) month period. More than one BMR can be submitted for an ICLB. Multiple consecutive BMRs suggest that the ICLB is inadequate for the individual's needs and a new ICLB should be developed.

The BMR must indicate the current level of service, the number of additional units of service required, and the new monthly total for the duration of the BMR. A detailed written justification of the request must also be provided.

In an emergency, the provider may provide the needed services before submission, approval, and verification of a BMR. In this situation, the individual's Service Coordinator must be informed by the end of the next State business day or the BMR may be denied.

Note: There can be only one BMR in effect at one time. If a BMR is submitted and subsequently a second BMR is submitted covering the same time period, the second BMR must include the request from the first BMR. **For example:**

Jerome Doe has BMR #13 covering April and May and requesting an increase in Behavioral Support Services of 4 units.

In April, BMR #14 for Jerome is submitted. It asks only for a 2-unit increase in Health Care Coordination for the months of May and June.

If BMR #14 is approved, Jerome loses the 4 additional of Behavioral Support Services for May because they are not included on the BMR that is approved for May.

Note: The total amount for IAS services cannot exceed 30 hours per month. **For example,** if someone receives 10 hours per month IAS, a BMR may be submitted for no more than 20 additional hours per month. If an individual receives 30 hours per month IAS, a BMR cannot be accepted. In this case, a new ICLB converting services to appropriate RHS services would be needed.

Note: A BMR cannot be requested for an ICLB that is not approved or that does not include the above listed services.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Residential Living Allowance Supplement (RLAS)

An existing RLA may be supplemented when an individual requires an increase in the amount of Residential Living Allowance available through his or her currently active ICLB. The Residential Living Allowance Supplement (RLAS) form must be used.

Only one RLAS may be used for the duration of an ICLB.

An RLA Supplement must be submitted, approved, and verified prior to the actual expenditure of the extra funds. The provider must immediately notify the Service Coordinator of the individual involved and submit the RLAS form through the proper channels for review.

A provider may bill for an amount over the estimated monthly amount on the ICLB in any given month. An RLAS cannot be requested due to failure to appropriately manage monthly budgeted amounts.

The RLAS must indicate the total RLA amount for the associated ICLB, the additional amount requested and new total available for the duration of the ICLB. A detailed written justification of the request must also be provided.

In an emergency the provider may provide the needed funds before submission, approval, and verification of an RLAS. In this situation, the individual's Service Coordinator must be informed by the end of the next State business day or the RLAS may be denied.

RLA Supplements may include a request for repairs in the home or residence due to behavioral aggression. In order for BDDS to consider reimbursing for these repairs, there must be sufficient documentation of the appropriate implementation of a behavioral intervention plan and supervision of the individual. Documented consultation with the Service Coordinator is required if requesting an RLAS for repairs as result of damages.

Negligence or lack of regular maintenance of the residence is not a justification for a RLAS.

Note: An RLAS cannot be applied to an ICLB that is not approved or does not already include an RLA.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Submission And Approval Process

ICLBs, BMRs, and RLASs must be submitted six (6) weeks prior to the start of services, and at least six weeks prior to the current ICLB expiration date. Services should not begin without communication with the individual's Service Coordinator and prior approval by BDDS.

Effective May 1, 2004: all ICLBs, BMRs and RLASs must be e-mailed to **bddsiclb@fssa.state.in.us** and are **not** to be submitted directly to the District Offices. The provider will be notified when the ICLB is received by **bddsiclb@fssa.state.in.us** and when a decision is rendered on the request.

A Service Coordinator must review every ICLB. The Service Coordinator can *Accept* an ICLB, *Deny* it, *Request more information*, or send the budget for *Review by the Exception Review Team*. Acceptance of the ICLB serves as placement approval for the individual.

A District Manager must review an ICLB if:

- The total ICLB Daily Cost is \$68 or more, or
- ICLB Services include Adult Foster Care (AFC) Level II, or
- ICLB Services include Child Foster Care (CFC) Level II, or
- ICLB Total Daily Rate increased by more than 10% over last ICLB.

The District Manager can *Accept* an ICLB, *Deny* it, *Request more information*, or send the budget for *Review by the Exception Review Team*.

The BDDS Director or the BDDS Director's designee must review an ICLB if:

- The total ICLB Daily Cost is greater than \$250, or
- It is the first ICLB for the individual, or
- ICLB Services include Adult Foster Care (AFC) Level III or IV, or
- ICLB Services include Child Foster Care (CFC) Level III or IV.

The BDDS Director can *Approve* an ICLB, *Deny* it, *Request more information*, or send the budget for *Review by the Exception Review Team*.

If the Total ICLB Daily Cost is greater than \$250, the Director of the Bureau of Fiscal Services (BFS) must render a decision on the budget. The Director of the Bureau of Fiscal Services can *Approve* an ICLB, *Deny* it, *Request more information*, or send the budget for *Review by the Exception Review Team*.

BFS Verification is required for any ICLB with a total ICLB Daily Cost \$250 or less. The BFS representative can *Verify* an ICLB, *Reject* it, *Request more information*, or send the budget for *Review by the Exception Review Team*.

All BMRs and RLASs must be reviewed by the Service Coordinator, the District Manager, and the BDDS Director and verified by the Bureau of Fiscal Services.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Submission And Approval Process *(Continued...)*

All Requests for Information responses must be coordinated with the individual's Service Coordinator.

DECISION DISTRIBUTION:

All BDDS and BFS decisions and Requests for Information will be sent via e-mail to the person listed on the form as the contact (see page 17) responsible for the management of the individual's funds.

The provider is responsible for delivering a copy of the budget and all BMRs and RLASs to the individual or legal representative as well as the decision. If the requested funds are denied, the provider is responsible for informing him or her of the right to appeal the decision.

APPEAL PROCESS:

1. Appeals must be made within fifteen (15) days of the receipt of the decision or action being appealed. Requests for appeal hearings must be made in writing and must state the grounds of the appeal.
2. Appeals must be sent to:

Hearings and Appeals
Mail Stop #04
402 W. Washington Street
Indianapolis, IN 46204
3. An Administrative Law Judge will be assigned to hear the appeal.
4. A letter will be sent notifying the participants of the date, the time and the location of the appeal hearing.
5. After the hearing, the Administrative Law Judge will make a Recommendation and send a copy to all interested parties.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Claims and Billing Tips, or “20 reasons why the provider didn’t get paid”

- Contact [ClaimsPayInfo@fssa.state.in.us] for assistance with submitting claims and billings to the State.
 - Contact [BDDSIclb@fssa.state.in.us] for assistance with submitting ICLBs, BMRs, or RLASs to the State.
-

1. An ICLB must be approved and verified before a claim can be paid.

Claims for reimbursement from service providers must be matched against an ICLB that has been approved by all appropriate levels of BDDS personnel and then verified by BFS staff. Once all levels of approval and verification have been achieved, a letter is sent to the service provider that states the ICLB can be billed against. If the ICLB is not approved and verified, the claims will not be paid.

2. BFS must verify and/or give final approval on all budgets and modifications.

A letter will be sent stating that the budget or modification has been accepted by BDDS. **This letter does not constitute proof of an approved budget.** As the bottom of the letter states, the budget must also be reviewed by BFS for possible fiscal issues. A letter of BFS Verification or a letter of Final Approval will be sent to the service provider once BFS has completed its review of the budget or modification. This letter explicitly states that the provider may begin submitting claims.

3. If there are questions, always contact a Service Coordinator first.

Do not contact BFS, Claims or Billing personnel until the local District Office has been consulted.

4. RLA is no longer a set monthly amount, but Services are still a set monthly amount.

As of October 1, 2002, the RLA amount on an ICLB is no longer restricted to a set monthly amount. This allows for possible changes in month-to-month living expenses for the individual. This also carries the responsibility of closely monitoring the RLA funds before the expiration of the ICLB, in order to avoid redlined claims.

Service dollars, however, are still a set monthly amount. Any claims for reimbursement that exceed the monthly budgeted or modified monthly budgeted amount will be paid to the maximum allowed and the excess will be redlined. This is regardless of the individual having received the additional services. No dollars will be paid that exceed the approved budgeted amount.

5. The ICLB and claim have to match.

- a. The name of the provider submitting the claim must be the name of the provider that is listed on the ICLB, which must be a provider approved and contracted by BDDS to provide ICLB services.
- b. The type of funds to be reimbursed on the claim must match the type of funds requested on the ICLB for that time period – i.e. *Non-emergency RLA dollars* cannot be reimbursed if the ICLB only allows *Emergency RLA dollars*.
- c. The name of the individual on the claim must be the same as the name of the individual that is listed on the ICLB and in the BDDS database system. For example, Susan instead of Sue.
- d. The social security number of the individual on the claim must be the same as the social security number that is listed on the ICLB and in the BDDS database system.

6. The ICLB is a reimbursement system.

All claims must be for services/bills already rendered and the provider must maintain auditable receipts and records.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Claims and Billing Tips, or “20 reasons why you didn’t get paid”

Continued...

7. A claim for reimbursement must be received within 60 days of delivery of service.

Main claims must be received by FSSA / Claims **within** 60 days of the service month. This means that the claim must be at FSSA / Claims before the end of the 60th day. (Note: Claims for **Community Transition Services** funds have an additional 30 days in which they may be submitted.)

Manual Claims must be received by FSSA / Claims **within** 60 days of the Approval Date of the ICLB or within 60 days of the service month. This means that the claim must be at FSSA / Claims before the end of the 60th day.

8. All claims must be mailed.

Unless specifically instructed otherwise, all claims must be mailed to the Claims Management address listed on the front page of the claim packet. BDDS and BFS cannot accept claim forms. *Claims sent directly to BFS or BDDS staff will be destroyed per all State and Federal confidentiality guidelines.*

9. Claims must be submitted with all required pages completed, be on the correct versions of the forms, and have all necessary signatures.

Any claim that is incomplete or has an incorrect detail sheet or a county sheet will not be processed. All appropriate pages of a claim must be included when submitting for reimbursement.

10. Do not submit an ICLB, BMR, or RLAS with billing vouchers.

Claims and ICLBs are handled by different divisions of FSSA. Claims Management staff do not have the authority to approve a claim unless the appropriate budget or budget amendment has been approved and entered into the database system. Claims Management cannot forward ICLBs or BMRs or RLASSs. Claims Management staff can only approve properly submitted claims for reimbursement.

11. All claims must have a contact person listed.

All reports and summaries and correspondence regarding claims are sent to the contact person listed on the claim form in question.

12. All manual claims must include a detailed explanation.

Any claim that is late or is a rebilling of services must go through a multi-step approval process and requires a detailed explanation of the circumstances requiring its approval. Manual claims that do not include a detailed explanation and justification will be immediately rejected and returned to the submitter, unpaid.

13. Always read the Redline Report.

When a claim packet is returned to the provider, a “redline” report is included which lists the claims that were denied payment authorization by BDDS. Every redlined claim is explained with a “redline reason,” which explains why the claim was not paid. Examine all Redline Reports carefully before contacting the appropriate District Office with questions.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Claims and Billing Tips, or “20 reasons why you didn’t get paid”

Continued...

14. Neither BDDS nor BFS mails checks to Providers.

Claims come to BFS and BDDS to be reviewed, but neither BFS nor BDDS produces the actual checks. All funds come from the Auditor of State’s office, so a lag in time between claim approval and actual receipt of funds reimbursement must be expected.

15. Claims are not currently service-specific.

When a claim comes in to be approved for reimbursement, the total dollar amount requested for the RLA or for the services is balanced against the dollar amount listed in the current approved budget and any modifications. If the requested reimbursement dollar amount exceeds the budgeted dollar amount, the excess is redlined. This redlined amount does not refer to any specific service.

16. Claim request exceeded the allotted amount.

Requests for reimbursement over the amount allotted by the budget will be denied.

17. Claim has a math error or incorrect units listed or incorrect dates.

Claims Management staff are not allowed to alter the information on the claim form.

18. Multiple months are listed on the same claim.

Each claim form should have only one month’s information.

19. Claim had been hand-altered.

Claims Management cannot accept claims that have been corrected by hand.

20. Duplicate claim or duplicate billing submitted.

The claim has already been paid.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Guidelines For Expenses And Costs

See the BDDS Service Definitions for more guidelines regarding specific services.

- **Appliances** (See **Purchase of Major Appliances**)
- **Automobiles:** Repairs, car maintenance, fuel, and car insurance cannot be funded through an ICLB.
- **Burial Trust:** BDDS will not reimburse deductions for burial trusts. Burial requests for individuals are supported using resources in the community such as township trustees, etc.
- **Cable TV/Internet:** BDDS may reimburse for the cost of basic cable or similar systems up to \$50 per month (basic services only—no premium or extra channels) if the individual chooses the service and can benefit from it. Cable costs are entered in the Monthly Expenses section of the ICLB under “Other” and must be divided in a fair and equitable manner among all individuals residing in the setting. BDDS does not fund cable TV for the use of staff.
- **Child Support:** See **Dependents**.
- **Cigarettes:** See **Groceries**.
- **Cleaning service:** Housekeeping is the responsibility of the residents, with support as needed from direct support staff. Services such as Residential Habilitation and Support include basic housekeeping for individuals who are unable to perform these tasks themselves. The individual may also obtain homemaker services from CHOICE services, if available. BDDS does not fund maid services.
- **Community Transition Services Costs**
Maximum allowable: \$1000
This support is available only for the individual moving into community based services for the first time and not for subsequent moves within the community. If the individual is moving from a facility and will receive the Autism or DD Waiver, Community Transition Services must be included on the waiver. Community Transition Services funds may not be received from both a waiver and an ICLB.
- **Counseling:** BDDS does not reimburse for counseling services. Counseling is a service covered by Medicaid. An individual who chooses a provider who does not accept Medicaid must cover those costs using the Earned Income Incentive or family contributions.
- **Crisis:** A crisis exists when an individual’s health and or safety is in serious jeopardy, the individual requires immediate intervention, and traditional remediation resources are not available.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Guidelines For Expenses And Costs *(continued...)*

- **Crisis Assistance:** This service is designed to provide immediate access to short-term, intensive services that are needed due to a behavior or psychiatric emergency. Crisis Assistance Services will be provided in a safe, therapeutic environment that is the least restrictive setting possible - the individual's home environment, whenever possible. When temporary placement outside the individual's current environment is necessary, because the individual poses a health/safety threat to him/herself, to housemates or to others, Crisis Assistance Services will be delivered in an out-of-home setting approved by BDDS.

Crisis Assistance Services will include behavior interventions, behavior modification planning and services (above and beyond "traditional" behavior modification), developing and implementing an individualized support plan, training staff to implement the behavior plan, and other supportive services. The individual's usual direct support staff and service providers will continue to furnish other services during the crisis period when the crisis service is delivered in the individual's home. Only providers specifically authorized by BDDS to provide this service will be reimbursed.

- **Dependents:** If the individual has child(ren), any income received specifically for the support of child(ren) residing with the individual, such as TANF, Child Support, Social Security, should not be included on the ICLB for the individual. Subsequently, living expenses for the child should not be included on the ICLB. An exception would be made for food stamps. Since food stamps are based on the household, this benefit and grocery expenses for the household should be included on the ICLB.
- **Earned Income Incentive (EII):** There is no cap on the Earned Income Incentive.
- **Emergency:** (see also **Crisis**): An emergency exists when an individual's health and/or safety is in serious jeopardy and requiring immediate intervention, and traditional remediation resources are not available.
- **Emergency Supports Budget:** The Emergency Supports Budget provides specific limited services for an individual who has been determined eligible for developmental disabilities services by the Bureau of Developmental Disabilities Service Coordinator. This budget type is a temporary short-term intervention providing supports needed because the individual's current residential setting jeopardizes the individual's health and safety as determined by Adult Protective Services and/or BDDS.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Guidelines For Expenses And Costs *(continued...)*

- **Expenses Related to Staff Accompanying Individuals during Activities:** The expectation is that the individual will be accompanied by friends, family and other unpaid personnel who also enjoy the type of activities and events that the individual attends. It is a social, entertaining, fun event that can be a shared experience between/among friends, family, and associates. BDDS does not reimburse agency staff, friends, or family members for the cost of expenses related to admission to events and activities that an individual attends, such as admission to movies, dining out, etc. These are considered to be part of the administrative costs covered in the service rates or a shared experience, with each person being responsible for his/her own expenses.
- **Food Stamps/EBT:** It is possible for an individual to receive both Food Stamps/EBT and grocery expenses. The amount of Food Stamps/EBT should be included in the appropriate area under Individual's Monthly Income and Benefits. The total combined amount for groceries for the month, including both Food Stamps/EBT and requested BDDS funding should be listed under Monthly Living Expenses, Groceries. The amount listed under Monthly Living Expenses cannot total more than \$200. In circumstances where the amount for Groceries exceeds \$200, additional justification will be required.

Even where no justification is required, budgets with amounts in both categories will be reviewed carefully by BDDS. BDDS funds are not to be used to purchase food for support staff.

- **Foster Care:** Individuals receiving Foster Care services are not eligible to receive an RLA or Respite services. Finances need to be monitored by the provider responsible for managing the individual's finances to ensure that benefits are maintained. The Social Security Income or other types of income may be used to cover Room and Board expenses.
- **Fuel/Gasoline:** See **Automobiles**
- **General Repairs and Maintenance:** The general repair and maintenance of rental property, including repair of major appliances and HVAC systems, should be included in the lease/rental agreement with the landlord. BDDS may consider requests for repairs due to unusual damage caused by the behaviors of individuals being served; BDDS staff will review the implementation of effective behavior management and supervision of individuals in evaluating these requests. The individual and the Support Team are encouraged to explore environmental modification possibilities to prevent damage.

BDDS will not fund on-going maintenance or capital improvements to property owned by individuals or providers.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Guidelines For Expenses And Costs *(continued...)*

- **Groceries:** The total monthly cost of food required to meet the basic nutritional needs of the individual. The groceries that are supported by this expense are groceries solely for the individual. If there are grocery funds remaining after purchasing items that meet the nutritional needs of the individual, the individual may purchase cigarettes. In such cases a smoking cessation plan must be included in the ISP. Cigarettes are not to be listed as a Monthly Living Expense or requested on a RLAS.
- **Guardianship Fees:** BDDS does not reimburse via the ICLB for fees related to legal guardianship and legal guardianship reports. Payment of this fee is an issue to be determined by the guardian and the court system.
- **Independence Assistance Services (IAS):** An individual requesting IAS on the ICLB is also able to request CHP:I, CHP:G, and transportation. When requesting IAS on the ICLB, an individual is not allowed RHS services or respite services via the ICLB or through waiver funding. See the BDDS Service Definitions for further explanation and limitations for this service.
- **Internet service:** See **Cable TV/Internet**
- **Lawn Care:** See **Upkeep of Property** and **General repairs and maintenance**
- **Life insurance:** BDDS will not reimburse for the premiums for life insurance in which there are dividends or benefactors other than the individual.
- **Medical, Not Insured:** This amount should include any medical supplies, medications, or medical treatments that are **not** covered by health insurance, Medicaid State Plan, or other sources. This does **not** include Medicaid spend down, which should be entered later in the actual Medicaid Spend Down field.
- **Monthly Living Expenses (MLE):** This amount should be no more than 150% of poverty level for a single individual for the current year as published in the Congressional Federal Register or online at [<http://aspe.hhs.gov/poverty/figures-fed-reg.htm>]. Written justification is required when the MLE exceeds this amount. An individual may supplement this amount with Earned Income Incentive.
- **Monthly Living Expenses- BDDS recommended guidelines:**

Housing:	<i>Single occupancy</i>	\$450.00
	<i>Double occupancy</i>	\$650.00
	<i>Triple occupancy</i>	\$850.00
Utilities:		\$150.00
Telephone:		\$40.00
Groceries:		\$200.00
Personal Necessities:		\$80.00
Property Insurance:		\$18.00
Medical - not insured:		\$10.00

Monthly Living Expenses are not expected to be at the top level of these categories. If the Monthly Living Expenses exceed the suggested guidelines, a justification statement must be included with the ICLB.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Guidelines For Expenses And Costs *(continued...)*

- **Moving Costs:** Moving requires planning. The individual should plan to budget for some expenses related to moving. At the discretion of the Director of BDDS, an RLAS may be considered to cover moving expenses, including deposits, fees for breaking leases, etc., especially if the move will result in shared services and a reduction in service costs.

It is unlikely an RLAS will be approved by BDDS to break a lease unless significant cost savings in living expenses and services are demonstrated shortly after the move occurs, or an individual's health and safety are jeopardized.

Community Transition Services costs are for the initial move into the community only and will not be approved for any subsequent move. For subsequent moves in the community, it is expected that the individual's share of deposits (for utilities, security deposit, etc.) will transfer to the new residence.

Housemate options must also be considered when moving and, whenever possible, housemates should be identified prior to the move.

- **Non-Emergency Supports:** Non-Emergency Supports are all ICLB submissions that are not Treatment Placement, Crisis Assistance or Emergency Support Budgets. These submissions include the initial, annual or updated ICLBs for individuals who are transitioning from facility-based services and are not eligible for Medicaid, or for those who are targeted for Medicaid DD or Autism waiver and need the RLA component, or for those who have been identified as losing SGL or Waiver level of care and need continuation of developmental disabilities services supported by State residential services.
- **Pets:** BDDS will not provide funding for the care of pets and/or companion animals. Individuals may use their EII or family contribution for these costs. If interaction with an animal is suggested for therapeutic reasons, the individual's IST should investigate options available in the community such as volunteering at a Humane Society, shelter, kennel, or animal hospital.
- **Purchase of Major Appliances:** BDDS funds cannot be used to purchase or replace major appliances such as refrigerators, stoves, etc. in rental properties or properties owned by the provider. At this time, BDDS will not approve the purchase of appliances for an individual who owns their own home.
- **Purchase of House by Individual:** At this time BDDS will not support new requests for the purchase of homes by individuals. Budgets that already include mortgage payments must explain in the Monthly Living Expenses section of the ICLB that the housing expenses are for a mortgage. Such budgets will be considered on an individual basis.

BDDS will not fund on-going maintenance or capital improvements to property owned by individuals or providers

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Guidelines For Expenses And Costs *(continued...)*

- **Repairs:** (See **General Repairs and Maintenance**)
- **RLA Monthly Management Fee:** An **approved RLA** provider agency, that is not the provider of residential services and is requested **by the individual and team** to assist in the management of his/her Monthly Income/Benefits and Monthly Living Expenses, can be compensated at 5% of the total RLE.
- **Snow removal:** See **Upkeep of Property** and **General repairs and maintenance**
- **Treatment Placement Services:** Treatment Placement Services means intensive services that are required due to an individual's behavioral or psychiatric problems. Treatment Placement Services will be provided in a safe, therapeutic environment. If the individual poses a health and/or safety threat to him or herself, to housemates or to others, Treatment Placement Services will be delivered in an out-of-home setting approved by BDDS. The BDDS Service Coordinator will participate in meetings with the provider of Treatment Placement Service and will assist with the return of the individual to the community. Only providers specifically authorized by BDDS to provide this service will be reimbursed.
- **Upkeep of Property:** Items such as lawn care and snow removal should be part of the lease/rental agreement negotiated with the landlord. The responsibilities of the individual's residence should be matched with his/her needs and capabilities.

If an individual is unable to assist with the upkeep of his or her dwelling, the individual may be more appropriately served in a setting where activities such as lawn care or snow removal are not the responsibility of the individual.

BDDS will not fund on-going maintenance or capital improvements to property owned by individuals or providers.